

<b>MANAGEMENT CONTROL EVALUATION CERTIFICATION STATEMENT</b>		1. REGULATION NUMBER <b>(enter AR number)</b>
For use of this form, see AR 11-2; the proponent agency is ASA (FM&C).		2. DATE OF REGULATION <b>(enter date of reg.)</b>
3. ASSESSABLE UNIT <div style="text-align: right;"><b>(enter your full address in here i.e., 98<sup>th</sup> ASG)</b></div>		
4. FUNCTION <div style="text-align: right;"><b>(enter title of checklist or alternative method)</b></div>		
5. METHOD OF EVALUATION <i>(Check one)</i>		
<input type="checkbox"/> a. CHECKLIST <i>(Indicate appendix letter)</i>	<input type="checkbox"/> b. ALTERNATIVE METHOD <i>(Indicate method)</i>	
6. EVALUATION CONDUCTED BY		
a. NAME <i>(Last, First, MI)</i> <b>(enter name, title, DSN)</b>		b. DATE OF EVALUATION <b>(enter date)</b>
7. REMARKS <i>(Describe your review process)</i> <div style="margin-top: 10px;"> <b>a. Describe how each key management control was tested (e.g., direct observation, file/documentation review, analysis, sampling, simulation, other _____).</b> </div> <div style="margin-top: 100px;"> <b>b. Describe the deficiencies detected in these key management controls (if any).</b> </div> <div style="margin-top: 100px;"> <b>c. Describe the corrective actions taken (if applicable).</b> </div>		
8. CERTIFICATION		
I certify that the key management controls in this function have been evaluated in accordance with provisions of AR 11-2, Management Control. I also certify that corrective action has been initiated to resolve any deficiencies detected. These deficiencies and corrective actions <i>(if any)</i> are described above or in attached documentation. This certification statement and any supporting documentation will be retained on file subject to audit/inspection until superseded by a subsequent management control evaluation.		
a. ASSESSABLE UNIT MANAGER		
(1) TYPED NAME AND TITLE  <b>(enter name of ASG/BSB Cdr or ASG XO)</b>		b. DATE CERTIFIED
(2) SIGNATURE		

7. REMARKS (*Continued*)